

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | |
|--|---|---|
| 1. Debtor's name | Folts Home | |
| 2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names | | |
| 3. Debtor's federal Employer Identification Number (EIN) | 15-0532183 | |
| 4. Debtor's address | Principal place of business 104 North Washington Street Herkimer, NY 13350 Number, Street, City, State & ZIP Code Herkimer County | Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL) | foltscenterhomes.com | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: | |

Debtor Folts Home
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.6231**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

| | | | | | |
|----------|--------------------------------------|--------------|----------------|-----------------------|--------------|
| Debtor | <u>Folts Adult Home, Inc.</u> | Relationship | <u>_____</u> | Affiliate | <u>_____</u> |
| District | <u>Northern District of New York</u> | When | <u>2/16/17</u> | Case number, if known | <u>_____</u> |

Debtor Folts Home
Name

Case number (if known) _____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Folts Home
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 16, 2017
MM / DD / YYYY**X** /s/ Dr. Anthony E. Piana
Signature of authorized representative of debtor

Title Chairman, Board of DirectorsDr. Anthony E. Piana
Printed name**18. Signature of attorney****X** /s/ Stephen A. Donato
Signature of attorney for debtorDate February 16, 2017
MM / DD / YYYYStephen A. Donato
Printed nameBond, Schoeneck & King, PLLC
Firm nameOne Lincoln Center
Syracuse, NY 13202
Number, Street, City, State & ZIP CodeContact phone (315) 218-8000Email address sdonato@bsk.com101522

Bar number and State

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 16, 2017

X /s/ Dr. Anthony E. Piana

Signature of individual signing on behalf of debtor

Dr. Anthony E. Piana

Printed name

Chairman, Board of Directors

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Folts Home
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Amtrust North America, Inc. 800 Superior Avenue East, 21st Floor Cleveland, OH 44114 | | Trade debt | | | | \$121,268.00 |
| Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534 | | Services provided | | | | \$60,008.27 |
| Centrex Clinical Labs 28 Campion Road New Hartford, NY 13413-1694 | | Trade debt | | | | \$38,609.80 |
| Chem RX 750 Park Place Long Beach, NY 11561 | | All parcels of real property | | \$398,727.31 | \$0.00 | \$398,727.31 |
| Chem RX 750 Park Place Long Beach, NY 11561 | | Trade debt | | | | \$245,659.14 |
| Cool Insuring Agency, Inc. 784 Troy-Schenectady Road Latham, NY 12110-2400 | | Insurance premiums | | | | \$131,554.39 |
| Excellus Health Plan Group Utica Business Park 12 Rhoads Drive Utica, NY 13502 | | Insurance premiums | | | | \$139,891.82 |

Debtor Folts Home
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757 | | Trade debt | | | | \$408,892.00 |
| Herkimer Town Clerk Herkimer Town Offices 114 North Prospect Street Herkimer, NY 13350 | | Unknown | | | | \$43,333.29 |
| Hess Corporation 1185 Avenue of the Americas, 40th Floor New York, NY 10036 | | Goods sold | | | | \$83,199.02 |
| National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202 | | Services provided | | | | \$205,773.76 |
| National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202 | | All parcels of real property | | \$180,714.32 | \$0.00 | \$180,714.32 |
| Nelson Associates 1 North Park Row Clinton, NY 13323 | | Services provided | | | | \$58,219.13 |
| New York State Insurance Fund 1045 7th North Street Liverpool, NY 13088 | | Unknown | | | | \$48,984.97 |
| NYAHS 150 State Street Suite 301 Albany, NY 12207-1655 | | Trade debt | | | | \$42,865.94 |
| NYS Department of Health NYS Office of the Attorney General The Capitol Albany, NY 12224 | | Medicaid/Medicare Receivables | | \$3,702,825.89 | \$179,489.28 | \$3,523,336.61 |
| Select Rehabilitation 2600 Compass Road Glenview, IL 60026 | | Trade debt | | | | \$359,260.99 |
| Town of Herkimer and Town Assessor 114 N. Prospect Street Herkimer, NY 13350 | | Indebtedness due under Municipal Services Agreement | | | | \$40,000.00 |

Debtor Folts Home
Name

Case number (if known) _____

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Village of Herkimer 120 Green Street Herkimer, NY 13350 | | Unknown | | | | \$119,544.70 |
| Wesco Insurance Company 5800 Lombardo Center Cleveland, OH 44131 | | All parcels of real property | | \$85,708.53 | \$0.00 | \$85,708.53 |

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

| | |
|--|------------------|
| 1a. Real property: | |
| Copy line 88 from <i>Schedule A/B</i> | \$ 6,144,573.00 |
| 1b. Total personal property: | |
| Copy line 91A from <i>Schedule A/B</i> | \$ 6,845,938.83 |
| 1c. Total of all property: | |
| Copy line 92 from <i>Schedule A/B</i> | \$ 12,990,511.83 |

Part 2: Summary of Liabilities

| | |
|--|------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 11,630,484.08 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: | |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 32,000.00 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: | |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 2,841,910.37 |
| 4. Total liabilities | |
| Lines 2 + 3a + 3b | \$ 14,504,394.45 |

Fill in this information to identify the case:Debtor name Folts HomeUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$600.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Resident Trust Account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts)

3907\$32,000.00

3.2. Operating account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts)

1397\$750,000.00

3.3. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts)

3899\$4,500.00

3.4. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts)

1828\$4,500.00

3.5. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts)

3195\$4,500.00

| | | |
|--------|--------------------|------------------------|
| Debtor | Folts Home Name | Case number (If known) |
|--------|--------------------|------------------------|

| | | | | |
|------|---|--|------|------------|
| | Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY | | | |
| 3.6. | 13421 (in name of HomeLife at Folts) | | 5629 | \$4,500.00 |

| | | | | |
|------|--|--|------|----------|
| | Payroll account held JP Morgan Chase Bank in Fort Worth, Texas | | | |
| 3.7. | | | 9550 | \$358.00 |

4. **Other cash equivalents (Identify all)**

| | | | | |
|------|---|--|--|--------------|
| | Funds held by NDNY Clerk in interpleader action | | | |
| 4.1. | | | | \$734,711.58 |

| | | | | |
|------|--|--|--|--------------|
| | HUD Mortgage Reserve for Replacement Account | | | |
| 4.2. | | | | \$112,070.06 |

| | | | | |
|------|-----------------------------------|--|--|----------------|
| | HUD Mortgage Sinking Fund Account | | | |
| 4.3. | | | | \$1,314,117.25 |

| | | | | |
|----|--|--|--|----------------|
| 5. | Total of Part 1. | | | |
| | Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. | | | \$2,961,856.89 |

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

| | | | | |
|----|---|--|--|--|
| 7. | Deposits, including security deposits and utility deposits | | | |
| | Description, including name of holder of deposit | | | |

| | | | | |
|----|--|--|--|--|
| 8. | Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent | | | |
| | Description, including name of holder of prepayment | | | |

| | | | | |
|------|--|--|--|-------------|
| | Prepaid worker's compensation insurance as of 12/31/16 | | | |
| 8.1. | | | | \$26,928.42 |

| | | | | |
|------|--|--|--|-------------|
| | Prepaid insurance for packaging and other as of 12/31/16 | | | |
| 8.2. | | | | \$12,095.00 |

| | | | | |
|------|--|--|--|------------|
| | Prepaid expenses for NYHSFA dues, time attendance contract and software as of 12/31/16 | | | |
| 8.3. | | | | \$1,041.70 |

| | | | | |
|------|--|--|--|-------------|
| | Prepaid UBT/Corporate Tax as of 12/31/16 | | | |
| 8.4. | | | | \$54,283.00 |

| | | | | |
|----|---|--|--|-------------|
| 9. | Total of Part 2. | | | |
| | Add lines 7 through 8. Copy the total to line 81. | | | \$94,348.12 |

Debtor Folts Home Case number (If known) _____
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

| | | | | | |
|---------------------------|---------------------|---|------------------------------------|--------|-----------------------|
| 11a. 90 days old or less: | <u>1,766,328.74</u> | - | <u>376,912.32</u> | = | <u>\$1,389,416.42</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11a. 90 days old or less: | <u>179,489.28</u> | - | <u>0.00</u> | = | <u>\$179,489.28</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11a. 90 days old or less: | <u>61,477.76</u> | - | <u>0.00</u> | = | <u>\$61,477.76</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11a. 90 days old or less: | <u>447,348.15</u> | - | <u>0.00</u> | = | <u>\$447,348.15</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11b. Over 90 days old: | <u>13,364.40</u> | - | <u>0.00</u> | =.... | <u>\$13,364.40</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11b. Over 90 days old: | <u>578,750.59</u> | - | <u>0.00</u> | =.... | <u>\$578,750.59</u> |
| | face amount | | doubtful or uncollectible accounts | | |
| 11b. Over 90 days old: | <u>3,146.22</u> | - | <u>0.00</u> | =.... | <u>\$3,146.22</u> |
| | face amount | | doubtful or uncollectible accounts | | |

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,672,992.82

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|---|---|------------------------------------|
|---------------------|-------------------------------------|---|---|------------------------------------|

19. Raw materials

20. Work in progress

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 3

Debtor Folts Home Case number (If known) _____
Name

21. **Finished goods, including goods held for resale**
Miscellaneous toiletries,
magazines and
consumables located in
gift shop at 104 N.
Washington Street,
Herkimer, New York N/A \$0.00 \$100.00

22. **Other inventory or supplies**
Miscellaneous food on
hand for cafeteria located
at 104 N. Washington
Street, Herkimer, NY \$0.00 \$24,532.00

Bandages, ointments, test
strips, gloves, protective
gear, antiseptic and other
miscellaneous medical
supplies located at 104 N.
Washington Street,
Herkimer, NY \$0.00 \$3,209.00

23. **Total of Part 5.** \$27,841.00
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
☐ No
☒ Yes. Book value 0 Valuation method Cost Current Value 16000

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|---|---|------------------------------------|
|---------------------|---|---|------------------------------------|

39. **Office furniture**

Debtor Folts Home Case number (If known) _____
Name

Mattresses, hospital beds, chairs, dressers,
lounge furniture, lamps, end tables, dining area
tables and chairs, desks, cabinets and other
miscellaneous furnishings located at 104 N.
Washington Street, Herkimer, NY

\$0.00

\$200,000.00

40. **Office fixtures**

Cafeteria fixtures, security systems, P.A. system,
resident room call system and lighting fixtures
located at 104 N. Washington Street, Herkimer,
NY

\$0.00

\$20,000.00

41. **Office equipment, including all computer equipment and communication systems equipment and software**

Telephone system, computers, printers and other
miscellaneous office equipment located at 104 N.
Washington Street, Herkimer, NY

\$0.00

\$15,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork;
books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card
collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$235,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. 2008 Ford E350 Super Duty Transportation
Bus, VIN # 1FD3E35S78DA26167 located
at 104 N. Washington Street, Herkimer,
New York

\$0.00

Blue Book Value

\$11,000.00

47.2. 2007 Ford E450 Super Duty Transportation
Bus, VIN #1FDXE45S77DA69378 located
at 104 N. Washington Street, Herkimer,
New York

\$0.00

Blue Book Value

\$12,000.00

Debtor Folts Home Case number (If known) _____
Name

| | | | | |
|-------|--|--------|-----------------|-------------|
| 47.3. | 2003 Ford E350 Super Duty Transportation Bus, VIN # 1FDWE35SX3HB42915 located at 104 N. Washington Street, Herkimer, New York; vehicle is not operable | \$0.00 | | \$1,000.00 |
| 47.4. | 2008 Dodge Grand Caravan, VIN # 2D8HN44H38R702506 located at 104 N. Washington Street, Herkimer, New York | \$0.00 | Blue Book Value | \$8,900.00 |
| 47.5. | 2008 Ford E350 Super Duty Transportation Bus, VIN #1FD3E355S98DA26168 located at 104 N. Washington Street, Herkimer, New York | \$0.00 | Blue Book Value | \$11,000.00 |
| 47.6. | 2017 Ford Starcraft Transportation Bus (Vin #1FDEE3FS0HDC06680) located at 104 N. Washington Street, Herkimer, NY | \$0.00 | Recent cost | \$60,000.00 |

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Kitchen equipment, maintenance equipment, laundry equipment, physical therapy equipment, medical equipment, wheelchairs, patient monitoring equipment and other miscellaneous medical equipment located at 104 N. Washington Street, Herkimer, NY

\$0.00 \$750,000.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$853,900.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

Debtor Folts Home Case number (If known) _____
Name

Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

| | | | | |
|-------|---|------------|--------|----------------|
| 55.1. | Real property parcel (Tax Parcel #120.25-2-57.1) located at 104 N. Washington Street, Herkimer, New York, excepting a 0.253 acre of land conveyed to Folts Apartments Inc. by deed dated June 1, 1997 and recorded in the Herkimer County Clerk's Office on June 24, 1997 | Fee simple | \$0.00 | \$6,000,000.00 |
| 55.2. | Real property parcel (Tax Parcel #120.25-2-54) located at 214 Green Street, Herkimer, New York | | \$0.00 | \$13,191.00 |
| 55.3. | Real property parcel (Tax Parcel #120.25-2-59) located at 218 Green Street, Herkimer, New York | | \$0.00 | \$82,234.00 |
| 55.4. | Real property parcel (Tax Parcel #120.25-2-60.2) located on Green Street, Herkimer, New York | | \$0.00 | \$38,404.00 |
| 55.5. | Real property parcel (Tax Parcel #120.25-2-50.1) located at 134 N. Washington Street, Herkimer, NY | Fee simple | \$0.00 | \$2,021.00 |
| 55.6. | Real property parcel (Tax Parcel #120.25-2-55.1) located at 130 N. Washington Street, Herkimer, NY | | \$0.00 | \$8,723.00 |

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$6,144,573.00

Debtor Folts Home Case number (If known) _____
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites | | | |
| 62. Licenses, franchises, and royalties | | | |
| 63. Customer lists, mailing lists, or other compilations List of residents at the skilled nursing home facility | \$0.00 | | \$0.00 |

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Folts Home Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$2,961,856.89 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$94,348.12 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$2,672,992.82 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$27,841.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$235,000.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$853,900.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$6,144,573.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$6,845,938.83 | + 91b. \$6,144,573.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$12,990,511.83 |

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|-----|---|---|--|---------------|
| 2.1 | Chem RX <small>Creditor's Name</small> 750 Park Place Long Beach, NY 11561 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 10/20/14 and 6/2/15 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All parcels of real property Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$398,727.31 | \$0.00 |

| | | | | |
|-----|--|---|-----------------|---------------|
| 2.2 | Herkimer County <small>Creditor's Name</small> Attn: Pamela J. Putch, Property Agent 108 Court Street, Suite 3100 Herkimer, NY 13350 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? | Describe debtor's property that is subject to a lien Tax Parcel #120.25-2-59 Describe the lien 2013 and 2014 Real Property Taxes Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply | \$703.66 | \$0.00 |
|-----|--|---|-----------------|---------------|

Debtor Folts Home Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Hill & Markes Co. Describe debtor's property that is subject to a lien \$2,749.08 \$0.00

Creditor's Name
P.O. Box 7
1997 State Highway 5S
Amsterdam, NY 12010

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/25/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

All parcels of real property

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.4 Internal Revenue Service Describe debtor's property that is subject to a lien \$369,940.02 Unknown

Creditor's Name
P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

February 11, 2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

All parcels of real property and receivables

Describe the lien

941 Federal Tax Lien for Period 6/30/12

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.5 Internal Revenue Service Describe debtor's property that is subject to a lien \$356,528.54 Unknown

Creditor's Name
P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

All parcels of real property and receivables

Describe the lien

941 Federal Tax Lien for Period 9/30/12

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Debtor Folts Home Case number (if know) _____
Name

Date debt was incurred
March 13, 2013
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.6 Internal Revenue Service

Creditor's Name

P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
May 31, 2013
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All parcels of real property and receivables

\$15,206.29

Unknown

Describe the lien

990 Federal Tax Lien for Period 12/31/11
Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.7 Internal Revenue Service

Creditor's Name

P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
June 10, 2013
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
All parcels of real property and receivables

\$4,600.05

Unknown

Describe the lien

941 Federal Tax Lien for Period 12/31/12
Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.8 Internal Revenue Service

Describe debtor's property that is subject to a lien

\$11,894.47

Unknown

Debtor Folts Home Case number (if know) _____
Name

Creditor's Name

P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
March 31, 2014
Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

All parcels of real property and receivables

Describe the lien

941 Federal Tax Lien for 3/30/13 & 6/30/13

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 Internal Revenue Service

Creditor's Name

P.O. Box 7346
Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
June 3, 2014
Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property and receivables

\$55,666.35

Unknown

Describe the lien

941 Federal Tax Lien for 9/30/13 & 12/31/13

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 0 Mountainside Medical Equipment, Inc.

Creditor's Name

9262 Old River Road
P.O. Box 247
Marcy, NY 13403-3042

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
12/20/13
Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

All parcels of real property

\$20,837.26

\$0.00

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor Folts Home Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

| | | | |
|----------|--|---|------------------------|
| 2.1 1 | National Grid <small>Creditor's Name</small> 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 6/14/13 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All parcels of real property Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$180,714.32 \$0.00 |
|----------|--|---|------------------------|

| | | | |
|----------|--|--|--------------------------------|
| 2.1 2 | NYS Department of Health <small>Creditor's Name</small> NYS Office of the Attorney General The Capitol Albany, NY 12224 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2008 to present Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Medicaid/Medicare Receivables Describe the lien Possessory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,702,825.89 \$179,489.28 |
|----------|--|--|--------------------------------|

| | | | |
|----------|--|---|-----------------------|
| 2.1 3 | NYS Department of Taxation & Finance <small>Creditor's Name</small> Attn: Bankruptcy Section P.O. Box 5300 Albany, NY 12205-0300 <small>Creditor's mailing address</small> | Describe debtor's property that is subject to a lien All parcels of real property Describe the lien | \$79,392.07 \$0.00 |
|----------|--|---|-----------------------|

Debtor Folts Home Case number (if know) _____
Name

Withholding & Sales Taxes 2011 - 2013

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred
9/30/13 and 4/17/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
4

**NYS Dept. of
Labor-Unemployment Ins.
Div**

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
8/27/12

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property

\$16,229.43

\$0.00

Describe the lien

Tax Warrent for 2Q 2012

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
5

**NYS Dept. of
Labor-Unemployment Ins.
Div**

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
6/11/13

Last 4 digits of account number

Describe debtor's property that is subject to a lien

All parcels of real property

\$12,799.04

\$0.00

Describe the lien

Tax Warrent for 1Q 2013

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor Folts Home Case number (if know) _____
Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
6

NYS Dept. of
Labor-Unemployment Ins.
Div

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/27/13

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property

\$26,555.52

\$0.00

Describe the lien

Tax Warrant 2Q 2013

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
7

NYS Dept. of
Labor-Unemployment Ins.
Div

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/25/13

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property

\$31,685.16

\$0.00

Describe the lien

Tax Warrant 3Q 2013

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor Folts Home Case number (if know) _____
Name

| | | | |
|----------|--|--|--|
| 2.1 8 | NYS Dept. of Labor-Unemployment Ins. Div <hr/> Creditor's Name Gov. W. A. Harriman State Office Bldg Building 12, Room 256 Albany, NY 12240 <hr/> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred 2/24/14 Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All parcels of real property <hr/> Describe the lien Tax Warrant 4Q 2013 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$24,941.28 <hr/> <hr/> \$0.00 |
|----------|--|--|--|

| | | | |
|----------|---|--|---|
| 2.1 9 | NYS Worker's Compensation Board <hr/> Creditor's Name Judgment Unit 328 State Street Schenectady, NY 12305-2318 <hr/> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred 8/28/14 Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All parcels of real property <hr/> Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$4,000.00 <hr/> <hr/> \$0.00 |
|----------|---|--|---|

| | | | |
|----------|---|--|--|
| 2.2 0 | Rochdale Insurance Co. <hr/> Creditor's Name 5800 Lombardo Center Cleveland, OH 44131 <hr/> Creditor's mailing address <hr/> Creditor's email address, if known | Describe debtor's property that is subject to a lien All parcels of real property <hr/> Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,401.46 <hr/> <hr/> \$0.00 |
|----------|---|--|--|

Debtor Folts Home Case number (if know) _____
Name

Date debt was incurred

4/14/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
1

Sysco Syracuse, LLC

Creditor's Name

2508 Warners Road

P.O. Box 80

Warners, NY 13164

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/4/13

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property

\$13,662.62

\$0.00

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
2

U.S. Dept. of Housing & Urban Developmnt

Creditor's Name

Attn: Office of the Secretary

451 Seventh Street, SW -

Room 9243

Washington, DC 20410

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

February 25, 1993

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Real property (Tax Parcel #120.25-2-57.1) located at 104 N. Washington Street, Herkimer, NY, excepting a 0.253 acre of land conveyed to Folts Apartments Inc. by deed dated 6/1/97; sinking fund acct and all personal property

\$6,174,084.11

\$6,000,000.00

Describe the lien

First Mortgage and First Position Security Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor Folts Home Case number (if know) _____
Name

| | | | |
|---|---|---|--|
| <div style="border: 1px solid black; padding: 2px;">2.2 3</div> | U.S. Foods, Inc. <small>Creditor's Name</small> 9399 West Higgins Road Rosemont, IL 60018 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred December 12, 2012 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Security interest in all goods, inventory, equipment and fixtures sold to Folts Home by U.S. Foods, Inc. <hr/> Describe the lien Purchase Money Security (UCC-1 Filed) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$20,631.62 Unknown |
|---|---|---|--|

| | | | |
|---|---|---|---|
| <div style="border: 1px solid black; padding: 2px;">2.2 4</div> | Wesco Insurance Company <small>Creditor's Name</small> 5800 Lombardo Center Cleveland, OH 44131 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 4/14/14 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All parcels of real property <hr/> Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$85,708.53 \$0.00 |
|---|---|---|---|

| | |
|---|---------------------|
| 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. | \$11,630,484. 08 |
|---|---------------------|

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor Folts Home Case number (if know) _____
Name

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|---|---|---|
| Craig Norman, Esq. Solomon and Solomon P.C. Five Columbia Circle Albany, NY 12203 | Line <u>2.3</u> | |
| Gary J. Valerino, Esq. Meggesto, Crossett & Valerino, LLP 313 East Willow St., Suite 201 Syracuse, NY 13203 | Line <u>2.20</u> | |
| Gary J. Valerino, Esq. Meggesto, Crossett & Valerino, LLP 313 East Willow Street, Suite 201 Syracuse, NY 13203 | Line <u>2.24</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.4</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.5</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.6</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.7</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.8</u> | |
| James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044 | Line <u>2.9</u> | |
| Joseph M. Shur, Esq. Relin, Goldstein & Crane, LLP 28 E. Main Street, Suite 1800 Rochester, NY 14614 | Line <u>2.21</u> | |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | Line <u>2.4</u> | |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | Line <u>2.5</u> | |

| Debtor | Folts Home | Case number (if know) |
|--|------------|-----------------------|
| | Name | |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.6</u> |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.7</u> |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.8</u> |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.9</u> |
| Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 South Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.22</u> |
| Robert B. Liddell, Esq. Hiscock & Barclay, LLP One Park Place, 300 S. State Street Syracuse, NY 13202-2078 | | Line <u>2.11</u> |
| Secretary of Housing & Urban Development 451 Seventh Street, SW - #9230 Washington, DC 20410 | | Line <u>2.22</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.4</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.5</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.6</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.7</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.8</u> |
| William F. Larkin, Esq. P.O. Box 7198 100 S. Clinton Street Syracuse, NY 13261-7198 | | Line <u>2.9</u> |

Debtor Folts Home Case number (if know) _____
Name

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|--|--|-------------|-----------------|
| 2.1 | Priority creditor's name and mailing address Deposits from Residents into Trust Acct. | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$32,000.00 | \$32,000.00 |
| | Date or dates debt was incurred | Basis for the claim: | | |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) | | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|-----|---|--|-----------------|
| 3.1 | Nonpriority creditor's name and mailing address A.S. Neurology, P.C. Attn: Dr. Ahmed A. Shatla 210 Old Campion Road Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$37.17 |
| 3.2 | Nonpriority creditor's name and mailing address Abbott Laboratories, Inc. 75 Remittance Drive Suite 1310 Chicago, IL 60675-1310 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,929.37 |

| | | |
|--------|-----------------------------------|------------------------|
| Debtor | Folts Home <small>Name</small> | Case number (if known) |
|--------|-----------------------------------|------------------------|

| | | |
|-----|---|--|
| 3.3 | Nonpriority creditor's name and mailing address ABC Fire Extinguisher Co. 719 Court Street Utica, NY 13502-4117 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

| | | |
|-----|---|--|
| 3.4 | Nonpriority creditor's name and mailing address Ability Network, Inc. Butler Square 100 North 6th Street, Suite 900A Minneapolis, MN 55403 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

| | | |
|-----|---|--|
| 3.5 | Nonpriority creditor's name and mailing address ABJ Fire Protection Co. 6500 New Venture Gear Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$311.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

| | | |
|-----|---|---|
| 3.6 | Nonpriority creditor's name and mailing address Adirondack Compressed Gas 2430 Chenango Road Utica, NY 13502-5909 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,778.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|---|

| | | |
|-----|--|--|
| 3.7 | Nonpriority creditor's name and mailing address Adult Day Healthcare Council 13 British American Boulevard #2 Latham, NY 12110 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,640.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

| | | |
|-----|--|---|
| 3.8 | Nonpriority creditor's name and mailing address Airgas East 2 Main Street Whitesboro, NY 13492 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|---|

| | | |
|-----|---|--|
| 3.9 | Nonpriority creditor's name and mailing address American Red Cross of the Mohawk Valley 1415 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$285.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

| | | | |
|--------------------------|--|------------------------------|--|
| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |

| | | | |
|------|--|---|--------|
| 3.10 | Nonpriority creditor's name and mailing address Amherst Radiology 6000 Bailey Avenue Suite 1D Buffalo, NY 14226 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4.26 |
|------|--|---|--------|

| | | | |
|------|--|---|--------------|
| 3.11 | Nonpriority creditor's name and mailing address Amtrust North America, Inc. 800 Superior Avenue East, 21st Floor Cleveland, OH 44114 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$121,268.00 |
|------|--|---|--------------|

| | | | |
|------|--|---|---------|
| 3.12 | Nonpriority creditor's name and mailing address Angie Dorantes 611 North Main Street Herkimer, NY 13350 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.40 |
|------|--|---|---------|

| | | | |
|------|--|---|------------|
| 3.13 | Nonpriority creditor's name and mailing address Anthony Franco 114 Rome Street Mohawk, NY 13407-4732 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
|------|--|---|------------|

| | | | |
|------|---|---|------------|
| 3.14 | Nonpriority creditor's name and mailing address Arjo Huntleigh Co. 2349 W. Lake Street, Suite 250 Addison, IL 60101 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,473.61 |
|------|---|---|------------|

| | | | |
|------|---|---|----------|
| 3.15 | Nonpriority creditor's name and mailing address Auto Salvage Technologies, Inc. 3107 NY-28 Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$187.43 |
|------|---|---|----------|

| | | | |
|------|---|---|------------|
| 3.16 | Nonpriority creditor's name and mailing address Bank of New York Mellon 225 Liberty Street New York, NY 10286 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,768.00 |
|------|---|---|------------|

| | | |
|--------|-----------------------------------|------------------------|
| Debtor | Folts Home <small>Name</small> | Case number (if known) |
|--------|-----------------------------------|------------------------|

| | | |
|------|--|--|
| 3.17 | Nonpriority creditor's name and mailing address Bassett Healthcare One Atwell Road Cooperstown, NY 13326 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,001.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

| | | |
|------|--|--|
| 3.18 | Nonpriority creditor's name and mailing address Biogenic Dental Corporation 282 Genesee Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$682.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

| | | |
|------|---|--|
| 3.19 | Nonpriority creditor's name and mailing address Bonadio & Co., LLP 7936 Seneca Turnpike Clinton, NY 13323 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|--|

| | | |
|------|--|--|
| 3.20 | Nonpriority creditor's name and mailing address Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,008.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

| | | |
|------|--|---|
| 3.21 | Nonpriority creditor's name and mailing address Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534 Date(s) debt was incurred <u>August - December 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,280.80 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|---|

| | | |
|------|--|--|
| 3.22 | Nonpriority creditor's name and mailing address Brown-Randall, Inc. 5519 State Route 5 Herkimer, NY 13350-3509 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,008.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

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| 3.23 | Nonpriority creditor's name and mailing address Business Development Bureau 398 Columbus Avenue Boston, MA 02116-6008 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$887.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Folts Home <small>Name</small> | Case number (if known) _____ |
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| 3.24 | Nonpriority creditor's name and mailing address Businessware Consulting 125 West Main Street Waterville, NY 13480-1165 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.25 | Nonpriority creditor's name and mailing address Cable Express 5404 South Bay Road Syracuse, NY 13212 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.26 | Nonpriority creditor's name and mailing address Carlo Masi & Sons, Inc. Wholesale Fruit & Produce 9 Wurz Avenue Utica, NY 13502-2533 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$505.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.27 | Nonpriority creditor's name and mailing address Carolyn V. Neverusky 612 Church Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,560.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.28 | Nonpriority creditor's name and mailing address Carriage House Medical Management 2514 Genesee Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$246.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.29 | Nonpriority creditor's name and mailing address Carrier Northeast P.O. Box 4808 Building TR-5 Syracuse, NY 13221-4808 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,068.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.30 | Nonpriority creditor's name and mailing address Catskill Spring Water 800 Broad Street Utica, NY 13501-1402 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,575.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
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| 3.31 | Nonpriority creditor's name and mailing address CDMT, Inc. 137 Lark Street Albany, NY 12210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$90.00 |
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| 3.32 | Nonpriority creditor's name and mailing address Centrad Healthcare LLC 184 Shuman Boulevard, Suite 130 Naperville, IL 60563 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$821.12 |
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| 3.33 | Nonpriority creditor's name and mailing address Central New York Cardiology Marian Medical Building 2211 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$135.81 |
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| 3.34 | Nonpriority creditor's name and mailing address Centrex Clinical Labs 28 Campion Road New Hartford, NY 13413-1694 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$38,609.80 |
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| 3.35 | Nonpriority creditor's name and mailing address Chem RX 750 Park Place Long Beach, NY 11561 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$245,659.14 |
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| 3.36 | Nonpriority creditor's name and mailing address Cintas Corporation P.O. Box 630910 Cincinnati, OH 45263-0803 Date(s) debt was incurred <u>Prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,986.90 |
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| 3.37 | Nonpriority creditor's name and mailing address Clarkair Systems 645 Persons Street East Aurora, NY 14052-2525 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,414.74 |
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| Debtor | Folts Home <small>Name</small> | Case number (if known) |
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| 3.38 | Nonpriority creditor's name and mailing address Clinton Tractor & Implement Co., Inc. 31 Meadow Street Clinton, NY 13323 Date(s) debt was incurred <u>Prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.59 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.39 | Nonpriority creditor's name and mailing address CNY Cardiology 2211 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$465.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.40 | Nonpriority creditor's name and mailing address Cool Insuring Agency, Inc. 784 Troy-Schenectady Road Latham, NY 12110-2400 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$131,554.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.41 | Nonpriority creditor's name and mailing address Corby Industries, Inc. 812 N. Gilmore Street Allentown, PA 18109 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.42 | Nonpriority creditor's name and mailing address Daisy Healthcare 701 Sequoyah Road Soddy Daisy, TN 37379 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.43 | Nonpriority creditor's name and mailing address Datamatrix Technologies Inc. 333 Westchester Avenue Suite S207 West Harrison, NY 10604 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,695.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.44 | Nonpriority creditor's name and mailing address DayMark Safety Systems 12830 S. Dixie Highway Bowling Green, OH 43402 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |
| 3.45 | Nonpriority creditor's name and mailing address Debra Brown c/o Murad and Murad, P.C. 291 Genesee Street, 2nd Floor Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Workers compensation settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$746.00 |
| 3.46 | Nonpriority creditor's name and mailing address Decor Planting by Bogner 45 Tamarack Drive New Hartford, NY 13413 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,926.00 |
| 3.47 | Nonpriority creditor's name and mailing address Deepak Buch, MD, EMP 104 Stonebridge Court New Hartford, NY 13413 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,750.00 |
| 3.48 | Nonpriority creditor's name and mailing address Dennis Chronkhte 610 Fordsbush Road Fort Plain, NY 13339-3605 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,648.25 |
| 3.49 | Nonpriority creditor's name and mailing address Dentcare Dental Services, P.C. 11 Arcadian Drive Spring Valley, NY 10977 Date(s) debt was incurred <u>Prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,250.00 |
| 3.50 | Nonpriority creditor's name and mailing address Dente Engineering P.C. 594 Broadway Watervliet, NY 12189 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,320.00 |
| 3.51 | Nonpriority creditor's name and mailing address Direct Supply, Inc. 6767 N. Industrial Road Milwaukee, WI 53223-5815 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,497.38 |

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| Debtor | Folts Home Name | Case number (if known) |
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| 3.52 | Nonpriority creditor's name and mailing address Dr. Atul Butala Atul Butala Physicians, P.C. 807 Newell Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,425.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.53 | Nonpriority creditor's name and mailing address Dr. Charles Q. Bui 25825 S. Vermont Avenue Harbor City, CA 90710 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.54 | Nonpriority creditor's name and mailing address Dr. Gregory Rorick DPM 587 Main Street Suite 102B New York Mills, NY 13417 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.55 | Nonpriority creditor's name and mailing address Dr. Om Wadhwa 415 N. Prospect Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.56 | Nonpriority creditor's name and mailing address Dynatronics Co. 7030 Park Centre Drive Salt Lake City, UT 84121 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$310.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.57 | Nonpriority creditor's name and mailing address Ecolab 12640 Bannock Drive Charlotte, NC 28290-5327 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$742.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.58 | Nonpriority creditor's name and mailing address Elder Alarms, LLC 1224 Mill Street Building B East Berlin, CT 06023 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$384.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Folts Home Name | Case number (if known) |
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| 3.59 | Nonpriority creditor's name and mailing address ElderCare Communications 5878 Cook Road Suite F Milford, OH 45150 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$201.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.60 | Nonpriority creditor's name and mailing address Ellis Medicine 1101 Nott Street Schenectady, NY 12308 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.61 | Nonpriority creditor's name and mailing address Emergency Physician Services of NY, PC 241 North Road Poughkeepsie, NY 12601-1154 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$283.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.62 | Nonpriority creditor's name and mailing address Empire Recycling Corp. P.O. Box 353 Utica, NY 13503-0353 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$214.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.63 | Nonpriority creditor's name and mailing address Excellus Health Plan Group Utica Business Park 12 Rhoads Drive Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$139,891.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.64 | Nonpriority creditor's name and mailing address Farmer Brothers Coffee 6838 Ellicott Drive, Suite 4 East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.65 | Nonpriority creditor's name and mailing address Faxton St. Lukes Healthcare 1676 Sunset Avenue Utica, NY 13502-5416 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,464.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Folts Home Name | Case number (if known) |
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| 3.66 | Nonpriority creditor's name and mailing address Federal Express Corp. Attn: Bankruptcy Department 3965 Airways Boulevard, Module G, 3rd Fl Memphis, TN 38116-5017 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$162.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.67 | Nonpriority creditor's name and mailing address First United Methodist Church P.O. Box 88 Herkimer, NY 13350 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$773.50 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.68 | Nonpriority creditor's name and mailing address Fiscal Care Services 1200 River Avenue Unit C-D Lakewood, NJ 08701 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77.50 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.69 | Nonpriority creditor's name and mailing address Folts Adult Home, Inc. 104 N. Washington Street Herkimer, NY 13350 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$177,625.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany loans</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
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| 3.70 | Nonpriority creditor's name and mailing address Forefront Telecare, Inc. 1900 Powell Street, #820 Emeryville, CA 94608 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$996.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.71 | Nonpriority creditor's name and mailing address Genesee Orthopedic & Hand Surgery 1903 Sunset Avenue Utica, NY 13502-5617 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$168.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.72 | Nonpriority creditor's name and mailing address GHI 5015 Campuswood Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Folts Home <small>Name</small> | Case number (if known) _____ |
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| 3.73 | Nonpriority creditor's name and mailing address Guardian Insurance Co. P.O. Box 2459 Spokane, WA 99210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,631.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.74 | Nonpriority creditor's name and mailing address Guardian Life Insur. Company of America 7 Hanover Square Customer Service, H-6-D New York, NY 10004 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,064.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.75 | Nonpriority creditor's name and mailing address Harbor Linen, LLC 2 Foster Avenue Gibbsboro, NJ 08026 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,745.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.76 | Nonpriority creditor's name and mailing address Hartford Steam Boiler 1 State Street Hartford, CT 06103 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$315.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.77 | Nonpriority creditor's name and mailing address Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$408,892.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.78 | Nonpriority creditor's name and mailing address Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred <u>January 2017</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,823.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.79 | Nonpriority creditor's name and mailing address Health System Services Co. 699 S. Main Street Canandaigua, NY 14424 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |

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| 3.80 | Nonpriority creditor's name and mailing address Heart of New York Chapter 118 Attn: Heather Bernard, DNP, RN, CIC 1656 Champlin Avenue Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100.00 |
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| 3.81 | Nonpriority creditor's name and mailing address Heidelberg Baking Company 3056 State Route 28 Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$357.00 |
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| 3.82 | Nonpriority creditor's name and mailing address Herkimer County HealthNet 320 N. Main Street, Suite 3300 Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15.00 |
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| 3.83 | Nonpriority creditor's name and mailing address Herkimer County Office for the Aging 109 Mary Street Suite 1101 Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$85.00 |
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| 3.84 | Nonpriority creditor's name and mailing address Herkimer County Sewer District 106 W. Main Street Mohawk, NY 13407-1096 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18.38 |
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| 3.85 | Nonpriority creditor's name and mailing address Herkimer Eye Care Center 394 E. State Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35.00 |
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| 3.86 | Nonpriority creditor's name and mailing address Herkimer Janitorial Supply, Inc. 251 Osborne Hill Road Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,436.35 |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |

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| 3.87 | Nonpriority creditor's name and mailing address Herkimer Town Clerk Herkimer Town Offices 114 North Prospect Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$43,333.29 |
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| 3.88 | Nonpriority creditor's name and mailing address Hess Corporation 1185 Avenue of the Americas, 40th Floor New York, NY 10036 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$83,199.02 |
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| 3.89 | Nonpriority creditor's name and mailing address Hewlett-Packard Co. 1501 Page Mill Road Palo Alto, CA 94304 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,438.52 |
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| 3.90 | Nonpriority creditor's name and mailing address Hill & Markes Co. P.O. Box 7 1997 State Highway 5S Amsterdam, NY 12010 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,982.06 |
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| 3.91 | Nonpriority creditor's name and mailing address HomeLife Companies, Inc. 13 East Winter Street Delaware, OH 43015 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,463.35 |
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| 3.92 | Nonpriority creditor's name and mailing address Hummel's Office Equipment 114 W. Albany Street Herkimer, NY 13350-1989 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,979.85 |
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| 3.93 | Nonpriority creditor's name and mailing address InstantWhip - Eastern New York, Inc. 3106 Wayne Street Endicott, NY 13760 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,151.05 |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |

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| 3.94 | Nonpriority creditor's name and mailing address Ivans, Inc. 225 High Ridge Road Stamford, CT 06905 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$250.00 |
| <hr/> | | | |
| 3.95 | Nonpriority creditor's name and mailing address Joseph Flihan Co. 426 Broad Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,594.81 |
| <hr/> | | | |
| 3.96 | Nonpriority creditor's name and mailing address Joseph Pashley 272 Millers Grove Frankfort, NY 13340 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$175.00 |
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| 3.97 | Nonpriority creditor's name and mailing address K & A Services Co. 6400 Collamer Road East Syracuse, NY 13057-1032 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,395.80 |
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| 3.98 | Nonpriority creditor's name and mailing address Kinsley Power Systems 6200 E. Molloy Road East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$855.00 |
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| 3.99 | Nonpriority creditor's name and mailing address Kunkel Ambulance Service 410 Catherine Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$257.91 |
| <hr/> | | | |
| 3.100 | Nonpriority creditor's name and mailing address Lawrence Kozak 220 Butternut Road Richfield Springs, NY 13439 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,128.80 |

| Debtor | Name | Case number (if known) |
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| 3.101 | Nonpriority creditor's name and mailing address Leading Age New York 13 British American Boulevard, Suite 2 Latham, NY 12110-1431 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$24,115.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.102 | Nonpriority creditor's name and mailing address Little Falls Ambulance 659 E. Main Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$68.31</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.103 | Nonpriority creditor's name and mailing address Little Falls Hospital 140 Burwell Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,231.34</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.104 | Nonpriority creditor's name and mailing address Mailfinance Services 478 Wheelers Farms Road Milford, CT 06461 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$804.58</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.105 | Nonpriority creditor's name and mailing address Mary Imogene Bassett Hospital 1 Atwell Road Cooperstown, NY 13326 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$401.29</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.106 | Nonpriority creditor's name and mailing address Mass Mutual 1295 State Street Springfield, MA 01111 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$604.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.107 | Nonpriority creditor's name and mailing address Max and Blom, M.D., P.C.'s Faxton, 4th Floor 1676 Sunset Avenue Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2.31</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Folts Home Name | Case number (if known) |
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| 3.108 | Nonpriority creditor's name and mailing address Med-Rev Recoveries, Inc. 100 Metropolitan Park Drive, #100 Liverpool, NY 13088 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,425.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.109 | Nonpriority creditor's name and mailing address Medco Equipment Inc. 30 Hilltop Road Houlton, WI 54082 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,560.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.110 | Nonpriority creditor's name and mailing address Medical Staffing Network Inc. 6551 Park of Commerce Boulevard Boca Raton, FL 33487 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,007.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.111 | Nonpriority creditor's name and mailing address Medspar 400 Plaza Drive Suite C Vestal, NY 13850 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$873.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.112 | Nonpriority creditor's name and mailing address Melyx Corporation 21830 Industrial Boulevard Rogers, MN 55374 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.113 | Nonpriority creditor's name and mailing address Mohawk Hospital Equipment 335 Columbia Street Utica, NY 13502-4270 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,975.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.114 | Nonpriority creditor's name and mailing address Mohawk Valley Ambulance Corps., Inc. 15 State Route 5S Mohawk, NY 13407 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$225.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |
| 3.115 | Nonpriority creditor's name and mailing address Mohawk Valley Imaging, P.C. 103 Twin Oaks Drive Syracuse, NY 13206-1205 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$7.22</u> |
| 3.116 | Nonpriority creditor's name and mailing address Mohawk Valley Retina PLLC 120 Memorial Parkway Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$16.48</u> |
| 3.117 | Nonpriority creditor's name and mailing address Morphotrust USA, Inc. 296 Concord Road, Suite 300 Billerica, MA 01821 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,192.25</u> |
| 3.118 | Nonpriority creditor's name and mailing address Mountainside Medical 9262 Old River Road P.O. Box 247 Marcy, NY 13403-3042 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$20,905.23</u> |
| 3.119 | Nonpriority creditor's name and mailing address National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$205,773.76</u> |
| 3.120 | Nonpriority creditor's name and mailing address Nelson Associates 1 North Park Row Clinton, NY 13323 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$58,219.13</u> |
| 3.121 | Nonpriority creditor's name and mailing address New York State Insurance Fund 1045 7th North Street Liverpool, NY 13088 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$48,984.97</u> |

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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |
| 3.122 | Nonpriority creditor's name and mailing address Northeast Medical, Inc. 6208 Breed Road Camillus, NY 13031-9634 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,237.20</u> |
| 3.123 | Nonpriority creditor's name and mailing address Northern Safety Co., Inc. P.O. Box 4250 Utica, NY 13504-4250 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$289.57</u> |
| 3.124 | Nonpriority creditor's name and mailing address Northland Communications 1 Dupli Park Drive Syracuse, NY 13218 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,881.76</u> |
| 3.125 | Nonpriority creditor's name and mailing address Nunn's Home Medical Equipment 1340 Floyd Avenue Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$97.00</u> |
| 3.126 | Nonpriority creditor's name and mailing address NYAHS 150 State Street Suite 301 Albany, NY 12207-1655 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$42,865.94</u> |
| 3.127 | Nonpriority creditor's name and mailing address NYS Department of Health NYS Office of the Attorney General The Capitol Albany, NY 12224 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,000.00</u> |
| 3.128 | Nonpriority creditor's name and mailing address Observer-Dispatch 221 Oriskany Plaza Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,919.70</u> |

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| Debtor | Folts Home <small>Name</small> | Case number (if known) _____ |
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| 3.129 | Nonpriority creditor's name and mailing address Omnicare of New York 1600 River Center II 100 E. River Center Boulevard Covington, KY 41011-1555 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$144.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.130 | Nonpriority creditor's name and mailing address Optuminsight, Inc. 13625 Technology Drive Eden Prairie, MN 55344 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.131 | Nonpriority creditor's name and mailing address Otis Elevator Company 5 Technology Place East Syracuse, NY 13057-9490 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.132 | Nonpriority creditor's name and mailing address P.J. Green, Inc. 24 Corporate Circle, #2 East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,224.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.133 | Nonpriority creditor's name and mailing address Pearson Education Co. 1 Lake Street Upper Saddle River, NJ 07458 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$320.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.134 | Nonpriority creditor's name and mailing address Phoenix Textile Corp. 21 Commerce Drive O Fallon, MO 63366 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,438.81 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.135 | Nonpriority creditor's name and mailing address ProNexus Co. 171 Sully's Trail Pittsford, NY 14534 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,464.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Name | Case number (if known) |
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| 3.136 | Nonpriority creditor's name and mailing address ProNexus Co. 171 Sully's Trail Pittsford, NY 14534 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$920.00</u> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.137 | Nonpriority creditor's name and mailing address Pugliese Pest Solutions, Inc. 1001 Noyes Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$135.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.138 | Nonpriority creditor's name and mailing address Quandts Food Service, Inc. 105 Quist Road P.O. Box 700 Amsterdam, NY 12010-0700 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$29,360.22</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.139 | Nonpriority creditor's name and mailing address Radiology Associates 185 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$369.21</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.140 | Nonpriority creditor's name and mailing address Receivables Control Corporation 7373 Kirkwood Court, Suite 200 Maple Grove, MN 55369 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,380.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.141 | Nonpriority creditor's name and mailing address Reliable Health Systems, LLC 2610 Nostrand Avenue Brooklyn, NY 11210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,165.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.142 | Nonpriority creditor's name and mailing address Resident Shoppers Service, Inc. 5946 Success Drive Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$224.67</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | Folts Home Name | Case number (if known) |
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| 3.143 | Nonpriority creditor's name and mailing address Richard D. Wroblewski 67 W. Main Street Mohawk, NY 13407-1039 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.144 | Nonpriority creditor's name and mailing address Riverside Dental 338 E. State Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$427.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.145 | Nonpriority creditor's name and mailing address Rorick Podiatry 587 Main Street Suite 102B New York Mills, NY 13417 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$132.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.146 | Nonpriority creditor's name and mailing address Ruffo Tabora Mainello & McKay, P.C. 311 Great Oaks Boulevard Albany, NY 12203-7911 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,856.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.147 | Nonpriority creditor's name and mailing address Rural Metro Medical Services 488 W. Onondaga Street Syracuse, NY 13202 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$497.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.148 | Nonpriority creditor's name and mailing address Saunders Kahler, LLC 185 Genesee Street, Suite 1400 Utica, NY 13501 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,539.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.149 | Nonpriority creditor's name and mailing address Select Rehabilitation 2600 Compass Road Glenview, IL 60026 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$359,260.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | Folts Home Name | Case number (if known) |
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| 3.150 | Nonpriority creditor's name and mailing address Shamrock Sewer Services, LLC 41 2nd Avenue Ilion, NY 13357 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.151 | Nonpriority creditor's name and mailing address Simplex Time Recorder Co. 415 E. Main Street Endicott, NY 13760 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,442.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.152 | Nonpriority creditor's name and mailing address Slocum Dickson Medical 1729 Burrstone Road New Hartford, NY 13413-1093 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$83.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.153 | Nonpriority creditor's name and mailing address St. Elizabeth Medical Center 2209 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,387.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.154 | Nonpriority creditor's name and mailing address Staples Business Advantage Dept. ROC P.O. Box 415256 Boston, MA 02241 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.32 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.155 | Nonpriority creditor's name and mailing address Statewide Machinery, Inc. 60 Pixley Industrial Parkway Rochester, NY 14624-2378 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,355.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Good sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.156 | Nonpriority creditor's name and mailing address Stewarts Shop 260 Mohawk Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |
| 3.157 | Nonpriority creditor's name and mailing address Superior Plus Energy Services 5868 Success Drive Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,097.63 |
| 3.158 | Nonpriority creditor's name and mailing address Swish Co. 9225 River Road Marcy, NY 13403 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,262.35 |
| 3.159 | Nonpriority creditor's name and mailing address The CBORD Group, Inc. 950 Danby Road Suite 100C Ithaca, NY 14850 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,521.31 |
| 3.160 | Nonpriority creditor's name and mailing address The Evening Telegram 111 Green Street P.O. Box 551 Herkimer, NY 13350-0551 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,979.15 |
| 3.161 | Nonpriority creditor's name and mailing address The Evening Times 1010 Highway 77 North Marion, AR 72364 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$632.70 |
| 3.162 | Nonpriority creditor's name and mailing address The Hartford Financial Services Group 690 Asylum Avenue Hartford, CT 06155 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,791.64 |
| 3.163 | Nonpriority creditor's name and mailing address Theodore D. Wind, O.D. 45 W. Main Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$200.00 |

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|--------|-----------------------------------|------------------------|
| Debtor | Folts Home <small>Name</small> | Case number (if known) |
|--------|-----------------------------------|------------------------|

| | | |
|-------|--|---|
| 3.164 | Nonpriority creditor's name and mailing address Thyssenkrupp Elevator 6067 Corporate Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,560.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|---|

| | | |
|-------|---|---|
| 3.165 | Nonpriority creditor's name and mailing address Time Warner Cable Division Office 120 Plaza Drive, Suite D Vestal, NY 13850-3640 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,489.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|---|---|

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|-------|--|--|
| 3.166 | Nonpriority creditor's name and mailing address Tom Urdang 246 County Highway 151 Dolgeville, NY 13329 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|-------|--|--|
| 3.167 | Nonpriority creditor's name and mailing address TotalKare of America, Inc. 1112 East Fayette Street, 2nd Floor Syracuse, NY 13210-1922 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,645.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|-------|---|--|
| 3.168 | Nonpriority creditor's name and mailing address Town of Herkimer and Town Assessor 114 N. Prospect Street Herkimer, NY 13350 Date(s) debt was incurred <u>May 1, 1999</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indebtedness due under Municipal Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|---|--|

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|-------|--|--|
| 3.169 | Nonpriority creditor's name and mailing address Tri County Medical, P.C. 111 East Chestnut Street Suite 6, Lower Level Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|-------|--|--|
| 3.170 | Nonpriority creditor's name and mailing address True Yellow Pages 10624 S. Eastern Avenue, Suite A-417 Henderson, NV 89052 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$347.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|--------------------------|--|------------------------------|--|
| Debtor <u>Folts Home</u> | | Case number (if known) _____ | |
| Name _____ | | | |

| | | | |
|-------|---|--|---------|
| 3.171 | Nonpriority creditor's name and mailing address United Telemanagement Corp. 6450 Poe Avenue Suite 401 Dayton, OH 45414 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$76.92 |
|-------|---|--|---------|

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|-------|--|--|------------|
| 3.172 | Nonpriority creditor's name and mailing address Utica Valley Electric Supply 2415 W. Whitesboro Street P.O. Box 230 Yorkville, NY 13495 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,150.00 |
|-------|--|--|------------|

| | | | |
|-------|--|---|----------|
| 3.173 | Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 4003 Acworth, GA 30101 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$916.64 |
|-------|--|---|----------|

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|-------|---|---|--------------|
| 3.174 | Nonpriority creditor's name and mailing address Village of Herkimer 120 Green Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$119,544.70 |
|-------|---|---|--------------|

| | | | |
|-------|--|--|---------|
| 3.175 | Nonpriority creditor's name and mailing address Village of Herkimer 120 Green Street Herkimer, NY 13350 Date(s) debt was incurred <u>May 1, 1999</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indebtedness due under Municipal Services Agreement (see entry for Town of Herkimer and Town Assessor)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
|-------|--|--|---------|

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|-------|---|--|-------------|
| 3.176 | Nonpriority creditor's name and mailing address Village of Herkimer Water & Sewer Dept. S. Washington Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$24,702.49 |
|-------|---|--|-------------|

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|-------|--|---|-------------|
| 3.177 | Nonpriority creditor's name and mailing address Waste Management of Utica 2003 Bleecker Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,653.38 |
|-------|--|---|-------------|

Debtor Folts Home Case number (if known) _____
Name

3.178 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,400.70**
Wells Fargo Equipment Finance
283 Commack Road
Commack, NY 11725
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred prior to 10/1/2013
Basis for the claim: _____
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.179 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$24,435.00**
Wyatt Funding Corp.
22 Wrights Mill Road
Armonk, NY 10504
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred prior to 10/1/2013
Basis for the claim: Trade debt
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | A.S. Neurology, P.C. Attn: Dr. Ahmed A. Shatla 210 Old Campion Road New Hartford, NY 13413 | Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Bank of New York Mellon 811 Court Street Utica, NY 13502 | Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Carriage House Medical Management 3985 Oneida Street, #101 New Hartford, NY 13413 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | Central New York Cardiology Orchard Hill Medical Building 301 Genesee Street, Suite B Oneida, NY 13421 | Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | Chem RX 16 Walker Way Albany, NY 12205 | Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.6 | Direct Supply, Inc. L.T. Care Suppliers Bin 201 Milwaukee, WI 53288 | Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.7 | Ellis Medicine P.O. Box 29930 New York, NY 10087-9930 | Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.8 | Emergency Physician Services of NY, PC P.O. Box 636008 Cincinnati, OH 45263-6008 | Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____ | — |

| Debtor | Folts Home | Case number (if known) |
|--------|--|--|
| | Name | |
| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any |
| 4.9 | Excellus Health Plan Group 333 Butternut Drive Syracuse, NY 13214-1803 | Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.10 | Faxton St. Lukes Healthcare P.O. Box 4849 Utica, NY 13504-4849 | Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.11 | Faxton St. Lukes Healthcare P.O. Box 479 Utica, NY 13503 | Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.12 | Guardian Life Insurance Co. P.O. Box 26100 Lehigh Valley, PA 18002-6100 | Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.13 | Health System Services Co. 6867 Williams Road Niagara Falls, NY 14304 | Line <u>3.79</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.14 | Joseph Flihan Co. 418-426 Broad Street P.O. Box 4039 Utica, NY 13504-4039 | Line <u>3.95</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.15 | Kinsley Power Systems 14 Connecticut South Drive East Granby, CT 06026 | Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.16 | Med-Rev Recoveries, Inc. c/o John Saint Dennis 1217 Milton Avenue Syracuse, NY 13209-0280 | Line <u>3.108</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.17 | Medspar P.O. Box 830 Binghamton, NY 13902-0830 | Line <u>3.111</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.18 | Mohawk Valley Retina PLLC 83 Genesee Street New Hartford, NY 13413 | Line <u>3.116</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.19 | Northern Safety Co., Inc. 126 Industrial Park Drive Frankfort, NY 13340 | Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.20 | Nunn's Home Medical Equipment 817 East Genesee Street Syracuse, NY 13210 | Line <u>3.125</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.21 | P.J. Green, Inc. 100 Whitesboro Street P.O. Box 4026 Utica, NY 13504 | Line <u>3.132</u> <input type="checkbox"/> Not listed. Explain _____ |

| Debtor | Name | Case number (if known) |
|--------|--|--|
| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any |
| 4.22 | Phoenix Textile Corporation P.O. Box 1328 Saint Peters, MO 63376-0023 | Line <u>3.134</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.23 | Pugliese Pest Solutions 909 Oswego Street Utica, NY 13502 | Line <u>3.137</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.24 | Rural Metro Medical Services P.O. Box 671 Syracuse, NY 13201 | Line <u>3.147</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.25 | The Evening Times P.O. Box 459 West Memphis, AR 72303 | Line <u>3.161</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.26 | The Hartford 300 S. State Street Syracuse, NY 13202 | Line <u>3.162</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.27 | Time Warner Cable P.O. Box 4222 Buffalo, NY 14240-4222 | Line <u>3.165</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.28 | Village of Herkimer, Herkimer County 120 Green Street Herkimer, NY 13350 | Line <u>3.176</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.29 | Waste Management of Utica P.O. Box 13648 Philadelphia, PA 19101-3648 | Line <u>3.177</u> <input type="checkbox"/> Not listed. Explain _____ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|-----------------|
| 5a. | \$ 32,000.00 |
| 5b. + | \$ 2,841,910.37 |
| 5c. | \$ 2,873,910.37 |

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
Major Account Services-Master Services Agreement by and between ADP, Inc. and Folts Home dated November 17, 2015

State the term remaining

List the contract number of any government contract

ADP, LLC
One ADP Boulevard
Roseland, NJ 07068

2.2. State what the contract or lease is for and the nature of the debtor's interest
CDPHP Participating Facility Agreement by and between Capital District Physician's Health Plan, Inc. and HomeLife at Folts, LLC dated May 1, 2016

State the term remaining

List the contract number of any government contract

2 months, with annual renewals

Capital District Physicians' Health Plan
500 Patroon Creek Boulevard
Albany, NY 12206-1057

2.3. State what the contract or lease is for and the nature of the debtor's interest
Dietary Services Agreement by and between Central Care Solutions LLC and HomeLife at Folts, LLC dated February 15, 2015

State the term remaining

List the contract number of any government contract

30 day renewals

Central Care Solutions, LLC
Attn: Mark Kalmanowitz
1420 East Linden Avenue
Linden, NJ 07036

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Pharmacy Services Agreement by and between Colonial LTC Pharmacy, Inc. and HomeLife Companies at Folts, LLC dated February 14, 2015

State the term remaining

2 years

List the contract number of any government contract

Colonial LTC Pharmacy, Inc.
Attn: Robert Langdon, R.PH.
100 Main Street
Whitesboro, NY 13492

2.5. State what the contract or lease is for and the nature of the debtor's interest

Master Agreement by and between Digital Office Solutions and HomeLife at Folts, LLC dated February 25, 2015 and supplemented on August 30, 2016 for the purchase of 2 Kyocera Taskalfa 420i, 2 Kyocera Copystar CS420i, and 1 Copystar

State the term remaining

6 months

List the contract number of any government contract

Digital Office Solutions
104 Saluda Ridge Court
West Columbia, SC 29169

2.6. State what the contract or lease is for and the nature of the debtor's interest

Dishmachine Lease Agreement by and between Ecolab, Inc. and HomeLife at Folts dated May 28, 2015

State the term remaining

Annual 1 year renewals

List the contract number of any government contract

Ecolab, Inc.
370 N. Wabasha Street
Saint Paul, MN 55102

2.7. State what the contract or lease is for and the nature of the debtor's interest

Physician Services Agreement by and between Empire Wound Physician Services, PLLC and HomeLife at Folts Nursing & Rehab dated March 3, 2016

State the term remaining

List the contract number of any government contract

Empire Wound Physician Services, PLLC
Attn: Mr. Milton Schachter
5800 Landerbrook Drive, #100
Cleveland, OH 44124

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Participating Provider Agreement for Skilled Nursing Facility Services by and between Excellus Health Plan and HomeLife at Folts, LLC dated March 21, 2016

State the term remaining

No expiration date

List the contract number of any government contract

Excellus Health Plan
12 Rhoads Drive
Utica, NY 13502

2.9. State what the contract or lease is for and the nature of the debtor's interest

Standard Skilled Nursing Facility Provider Agreement by and between New York State Catholic Health Plan, Inc. d/b/a Fidelis Care of New York and HomeLife at Folts, LLC dated May 5, 2016

State the term remaining

4 months with automatic renewals

List the contract number of any government contract

Fidelis Care
31 British American Boulevard
Latham, NY 12110

2.10. State what the contract or lease is for and the nature of the debtor's interest

Customer Services Agreement by and between FP Mailing Solutions and HomeLife at Folts dated November 8, 2016 for postage meter

State the term remaining

20 months

List the contract number of any government contract

FP Mailing Solutions
140 N. Mitchell Court
Suite 200
Addison, IL 60101-5629

2.11. State what the contract or lease is for and the nature of the debtor's interest

Asset Purchase Agreement by and between Folts Adult Home, Inc., Folts Home, Folts Apartments, Inc. and HomeLife Companies, Inc. dated April 17, 2014, together with Extension Agreements dated September 30, 2014, January 31, 2015 and August 31, 2015

State the term remaining

HomeLife Companies, Inc.
13 East Winter Street
Delaware, OH 43015

List the contract number of any

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.12. State what the contract or lease is for and the nature of the debtor's interest

Agreement for Hospice Care to Skilled Nursing Facility Residents by and between Hospice & Palliative Care, Inc. and HomeLife at Folts dated May 6, 2015

State the term remaining

List the contract number of any government contract

Hospice & Palliative Care
4277 Middle Settlement Road
New Hartford, NY 13413

2.13. State what the contract or lease is for and the nature of the debtor's interest

Psychiatry Services Agreement by and between IPC Hospitalist Services of New York, P.C., HomeLife at Folts, LLC and HomeLife at Folts-Claxton, LLC dated August 1, 2015
Automatic annual renewals

State the term remaining

List the contract number of any government contract

IPC Hospitalist Services of NY, PC
4605 Lankershim Boulevard
Suite 617
North Hollywood, CA 91602

2.14. State what the contract or lease is for and the nature of the debtor's interest

Diagnostic Healthcare Services Agreement by and between K&A Radiologic Technology Services, Inc. and HomeLife at Folts, LLC dated September 14, 2015

State the term remaining

List the contract number of any government contract

Automatic annual renewals

K&A Radiologic Technology Services, Inc
6400 NY-298
East Syracuse, NY 13057

2.15. State what the contract or lease is for and the nature of the debtor's interest

Runout Agreement by and between Lifetime Benefit Solutions, Inc. and HomeLife at Folts, LLC dated June 11, 2015

State the term remaining

List the contract number of any government contract

Lifetime Benefit Solutions, Inc.
115 Continuum Drive
Liverpool, NY 13088

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.16. State what the contract or lease is for and the nature of the debtor's interest

Landscaping and Snowblowing Services Agreement by and between Mohawk Valley Landscaping and Folts Home dated September 27, 2016

State the term remaining

2016-2017 season

List the contract number of any government contract

Mohawk Valley Landscaping
422 Henry Street
Herkimer, NY 13350

2.17. State what the contract or lease is for and the nature of the debtor's interest

Cylinder and Bulk Gas Agreement by and between Northeast Medical Repairs, Inc. and Folts Center Homes (Folts Home) dated September 20, 2016

State the term remaining

8 months with 3 year renewal

List the contract number of any government contract

Northeast Medical Repairs, Inc.
6143 Van Alstine Road
Camillus, NY 13031

2.18. State what the contract or lease is for and the nature of the debtor's interest

Nursing Home Receiver Agreement by and between Folts Home, the New York State Department of Health and HomeLife at Folts, LLC dated November 1, 2014

State the term remaining

1 month

List the contract number of any government contract

NYS Department of Health
Erastus Corning Tower
24th Floor, Room 2482
Albany, NY 12237

2.19. State what the contract or lease is for and the nature of the debtor's interest

Staff Augmentation Services Agreement by and between ProNexus and Folts Home dated December 18, 2015

State the term remaining

List the contract number of any government contract

ProNexus
171 Sully's Trail
Pittsford, NY 14534

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.20. State what the contract or lease is for and the nature of the debtor's interest

Software and Web Hosting Lease Agreement by and between Reliable Health Systems, LLC and HomeLife at Folts, LLC dated February 13, 2015

State the term remaining

Automatic 2-year renewals

List the contract number of any government contract

Reliable Health Systems, LLC
2610 Nostrand Avenue
Brooklyn, NY 11210

2.21. State what the contract or lease is for and the nature of the debtor's interest

Software License Agreement by and between SBV Workforce Management, Inc. and HomeLife at Folts, LLC dated February 19, 2015

State the term remaining

List the contract number of any government contract

SBV Workforce Management, Inc.
2 Kile Court
Airmont, NY 10952

2.22. State what the contract or lease is for and the nature of the debtor's interest

Agreement by and between Senior Network Health, LLC and HomeLife at Folts dated March 8, 2016 to provide certain medical and health-related services and social and environmental supports 1 month with automatic annual renewals

State the term remaining

List the contract number of any government contract

Senior Network Health, LLC
1650 Champlin Avenue
Utica, NY 13502

2.23. State what the contract or lease is for and the nature of the debtor's interest

Vending and Office Refreshment Agreement by and between Servomation Refreshments Inc. and Folts Home effective September 19, 2016 32 months

State the term remaining

List the contract number of any government contract

Servomation Refreshments Inc.
7098 Mount Pleasant Road
Canastota, NY 13032

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24. State what the contract or lease is for and the nature of the debtor's interest

Social Work Consultant Agreement by and between Susan Parker Zdanowicz, LMSW and HomeLife at Folts LLC dated August 1, 2016

State the term remaining

List the contract number of any government contract

Susan Parker Zdanowicz, LMSW
417 East Walnut Street
Herkimer, NY 13350

2.25. State what the contract or lease is for and the nature of the debtor's interest

Plantinum Services Agreement by and between ThyssenKrupp Elevator Corporation and HomeLife at Folts, LLC dated May 13, 2015 Automatic 18-month renewals

State the term remaining

List the contract number of any government contract

ThyssenKrupp Elevator Corporation
6067 Corporate Drive
East Syracuse, NY 13057

2.26. State what the contract or lease is for and the nature of the debtor's interest

Service and Marketing Agreement by and between Time Warner Cable Enterprises LLC and HomeLife at Folts, LLC dated February 10, 2016

State the term remaining

List the contract number of any government contract

5 years with automatic annual renewals

Time Warner Cable Enterprises LLC
2620 West Henrietta Road
Rochester, NY 14623

2.27. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement by and between Tyco SimplexGrinnell and Folts Home dated September 21, 2015 to relocate head in electrical closet

State the term remaining

List the contract number of any government contract

Tyco SimplexGrinnell
6731 Collamer Road
Suite 4
East Syracuse, NY 13057

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.28. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Provider Participation Agreement by and between United HealthCare of New York, Inc., Oxford Health Plans (NY), Inc. and United HealthCare Insurance Company and HomeLife at Folts, LLC d/b/a HomeLife at Folts

State the term remaining

List the contract number of any government contract

United HealthCare of New York, Inc.
300 Meridian Center Boulevard
Suite 320
Rochester, NY 14618

2.29. State what the contract or lease is for and the nature of the debtor's interest

Facility Participating Agreement by and between United HealthCare of New York, Inc. and FRNC LLC d/b/a Folts Center for Rehabilitation and Nursing Center dated October 1, 2013 and assigned to HomeLife at Folts, LLC d/b/a HomeLife at Folts on February 14, 2015

State the term remaining

List the contract number of any government contract

United HealthCare of New York, Inc.
300 Meridian Center Boulevard
Suite 320
Rochester, NY 14618

2.30. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement by and between Folts Home, Folts Adult Home, Inc. and Upstate Service Group, LLC dated February 13, 2017

State the term remaining

List the contract number of any government contract

Upstate Service Group, LLC
Attn: Efraim Steif
One Hillcrest Center Drive, Suite 325
Spring Valley, NY 10977

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.31. State what the contract or lease is for and the nature of the debtor's interest

Municipal Services Agreement by and between the Village of Herkimer, Town of Herkimer, Assessor for the Town of Herkimer, Folts, Inc., Folts Home, Folts Foundation, Inc., Folts Apartments, Inc. and Folts Adults Home, Inc.

State the term remaining

List the contract number of any government contract

Village of Herkimer
120 Green Street
Herkimer, NY 13350

2.32. State what the contract or lease is for and the nature of the debtor's interest

Residential Health Care Facility Services Agreement by and between VNA Homecare Options, LLC and HomeLife at Folts

State the term remaining

List the contract number of any government contract

VNA Homecare Options, LLC
1050 West Genesee Street
Syracuse, NY 13204

Fill in this information to identify the case:

Debtor name Folts HomeUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Folts Adult Home, Inc.

104 N. Washington Street
Herkimer, NY 13350Town of Herkimer and
Town Assessor☐ D _____
☒ E/F 3.168
☐ G _____

2.2 Folts Adult Home, Inc.

104 N. Washington Street
Herkimer, NY 13350

Village of Herkimer

☐ D _____
☒ E/F 3.175
☐ G _____

2.3 Folts Adult Home, Inc.

104 N. Washington Street
Herkimer, NY 13350

Rochdale Insurance Co.

☒ D 2.20
☐ E/F _____
☐ G _____

2.4 Folts Adult Home, Inc.

104 N. Washington Street
Herkimer, NY 13350

Wesco Insurance Company

☒ D 2.24
☐ E/F _____
☐ G _____

2.5 Folts Apartments, Inc.

104 N. Washington Street
Herkimer, NY 13350Town of Herkimer and
Town Assessor☐ D _____
☒ E/F 3.168
☐ G _____

Debtor Folts Home Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 Folts Apartments, Inc. 104 N. Washington Street
Herkimer, NY 13350 Village of Herkimer ☐ D _____
☒ E/F 3.175
☐ G _____

2.7 Folts Foundation, Inc. 104 N. Washington Street
Herkimer, NY 13350 Town of Herkimer and
Town Assessor ☐ D _____
☒ E/F 3.168
☐ G _____

2.8 Folts Foundation, Inc. 104 N. Washington Street
Herkimer, NY 13350 Village of Herkimer ☐ D _____
☒ E/F 3.175
☐ G _____

2.9 Folts, Inc. 104 N. Washington Street
Herkimer, NY 13350 Town of Herkimer and
Town Assessor ☐ D _____
☒ E/F 3.168
☐ G _____

2.10 Folts, Inc. 104 N. Washington Street
Herkimer, NY 13350 Village of Herkimer ☐ D _____
☒ E/F 3.175
☐ G _____

2.11 Folts, Inc. 104 N. Washington Street
Herkimer, NY 13350 Rochdale Insurance
Co. ☒ D 2.20
☐ E/F _____
☐ G _____

2.12 Folts, Inc. 104 N. Washington Street
Herkimer, NY 13350 Wesco Insurance
Company ☒ D 2.24
☐ E/F _____
☐ G _____

2.13 Folts Adult Home, Inc. 104 North Washington Street
Herkimer, NY 13350 Village of Herkimer ☐ D _____
☐ E/F _____
☒ G 2.31

Debtor Folts Home Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|------------------------|--|--------------------------|---|
| 2.14 | Folts Adult Home, Inc. | 104 N. Washington Street Herkimer, NY 13350 | HomeLife Companies, Inc. | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u> |
|------|------------------------|--|--------------------------|---|

| | | | | |
|------|------------------------|--|----------------------------|---|
| 2.15 | Folts Adult Home, Inc. | 104 N. Washington Street Herkimer, NY 13350 | Upstate Service Group, LLC | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.30</u> |
|------|------------------------|--|----------------------------|---|

| | | | | |
|------|------------------------|---|---------------------|---|
| 2.16 | Folts Apartments, Inc. | 104 North Washington Street Herkimer, NY 13350 | Village of Herkimer | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u> |
|------|------------------------|---|---------------------|---|

| | | | | |
|------|------------------------|--|--------------------------|---|
| 2.17 | Folts Apartments, Inc. | 104 N. Washington Street Herkimer, NY 13350 | HomeLife Companies, Inc. | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u> |
|------|------------------------|--|--------------------------|---|

| | | | | |
|------|------------------------|---|---------------------|---|
| 2.18 | Folts Foundation, Inc. | 104 North Washington Street Herkimer, NY 13350 | Village of Herkimer | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u> |
|------|------------------------|---|---------------------|---|

| | | | | |
|------|-------------|---|---------------------|---|
| 2.19 | Folts, Inc. | 104 North Washington Street Herkimer, NY 13350 | Village of Herkimer | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u> |
|------|-------------|---|---------------------|---|

| | | | | |
|------|--------------------------------|---|------------------------------------|---|
| 2.20 | HomeLife at Folts-Claxton, LLC | 104 North Washington Street Herkimer, NY 13350 | IPC Hospitalist Services of NY, PC | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.13</u> |
|------|--------------------------------|---|------------------------------------|---|

United States Bankruptcy Court
Northern District of New York

In re Folts Home

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|-------------------|
| For legal services, I have agreed to accept | \$ | <u>215,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>215,000.00</u> |
| Balance Due | \$ | <u>0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Negotiate with secured creditors, taxing authorities and other government agencies concerning claim treatment, negotiate with prospective purchasers, administer sale of assets under section 363 of Bankruptcy Code, negotiate use of cash collateral, prepare joint chapter 11 plan and joint disclosure statement and all matters to properly administer chapter 11 case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 16, 2017

Date

/s/ Stephen A. Donato

Stephen A. Donato 101522

Signature of Attorney

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax: (315) 218-8100

sdonato@bsk.com

Name of law firm

**United States Bankruptcy Court
Northern District of New York**

In re Folts Home

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--|----------------|----------------------|------------------|
|--|----------------|----------------------|------------------|

None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chairman, Board of Directors of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 16, 2017

Signature /s/ Dr. Anthony E. Piana
Dr. Anthony E. Piana

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

A.S. Neurology, P.C.
Attn: Dr. Ahmed A. Shatla
210 Old Campion Road
Utica, NY 13502

A.S. Neurology, P.C.
Attn: Dr. Ahmed A. Shatla
210 Old Campion Road
New Hartford, NY 13413

Abbott Laboratories, Inc.
75 Remittance Drive
Suite 1310
Chicago, IL 60675-1310

ABC Fire Extinguisher Co.
719 Court Street
Utica, NY 13502-4117

Ability Network, Inc.
Butler Square
100 North 6th Street, Suite 900A
Minneapolis, MN 55403

ABJ Fire Protection Co.
6500 New Venture Gear Drive
East Syracuse, NY 13057

Adirondack Compressed Gas
2430 Chenango Road
Utica, NY 13502-5909

ADP, LLC
One ADP Boulevard
Roseland, NJ 07068

Adult Day Healthcare Council
13 British American Boulevard #2
Latham, NY 12110

Airgas East
2 Main Street
Whitesboro, NY 13492

American Red Cross of the Mohawk Valley
1415 Genesee Street
Utica, NY 13501

Amherst Radiology
6000 Bailey Avenue
Suite 1D
Buffalo, NY 14226

Amtrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Angie Dorantes
611 North Main Street
Herkimer, NY 13350

Anthony Franco
114 Rome Street
Mohawk, NY 13407-4732

Arjo Huntleigh Co.
2349 W. Lake Street, Suite 250
Addison, IL 60101

Auto Salvage Technologies, Inc.
3107 NY-28
Herkimer, NY 13350

Bank of New York Mellon
225 Liberty Street
New York, NY 10286

Bank of New York Mellon
811 Court Street
Utica, NY 13502

Bassett Healthcare
One Atwell Road
Cooperstown, NY 13326

Biogenic Dental Corporation
282 Genesee Street
Utica, NY 13502

Bonadio & Co., LLP
7936 Seneca Turnpike
Clinton, NY 13323

Bonadio Receivable Solutions, LLC
171 Sully's Trail, Suite 201
Pittsford, NY 14534

Brown-Randall, Inc.
5519 State Route 5
Herkimer, NY 13350-3509

Business Development Bureau
398 Columbus Avenue
Boston, MA 02116-6008

Businessware Consulting
125 West Main Street
Waterville, NY 13480-1165

Cable Express
5404 South Bay Road
Syracuse, NY 13212

Capital District Physicians' Health Plan
500 Patroon Creek Boulevard
Albany, NY 12206-1057

Carlo Masi & Sons, Inc.
Wholesale Fruit & Produce
9 Wurz Avenue
Utica, NY 13502-2533

Carolyn V. Neverusky
612 Church Street
Herkimer, NY 13350

Carriage House Medical Management
2514 Genesee Street
Utica, NY 13502

Carriage House Medical Management
3985 Oneida Street, #101
New Hartford, NY 13413

Carrier Northeast
P.O. Box 4808
Building TR-5
Syracuse, NY 13221-4808

Catskill Spring Water
800 Broad Street
Utica, NY 13501-1402

CDMT, Inc.
137 Lark Street
Albany, NY 12210

Centrad Healthcare LLC
184 Shuman Boulevard, Suite 130
Naperville, IL 60563

Central Care Solutions, LLC
Attn: Mark Kalmanowitz
1420 East Linden Avenue
Linden, NJ 07036

Central New York Cardiology
Marian Medical Building
2211 Genesee Street
Utica, NY 13501

Central New York Cardiology
Orchard Hill Medical Building
301 Genesee Street, Suite B
Oneida, NY 13421

Centrex Clinical Labs
28 Campion Road
New Hartford, NY 13413-1694

Chem RX
750 Park Place
Long Beach, NY 11561

Chem RX
16 Walker Way
Albany, NY 12205

Cintas Corporation
P.O. Box 630910
Cincinnati, OH 45263-0803

Clarkair Systems
645 Persons Street
East Aurora, NY 14052-2525

Clinton Tractor & Implement Co., Inc.
31 Meadow Street
Clinton, NY 13323

CNY Cardiology
2211 Genesee Street
Utica, NY 13501

Colonial LTC Pharmacy, Inc.
Attn: Robert Langdon, R.PH.
100 Main Street
Whitesboro, NY 13492

Cool Insuring Agency, Inc.
784 Troy-Schenectady Road
Latham, NY 12110-2400

Corby Industries, Inc.
812 N. Gilmore Street
Allentown, PA 18109

Craig Norman, Esq.
Solomon and Solomon P.C.
Five Columbia Circle
Albany, NY 12203

Daisy Healthcare
701 Sequoyah Road
Soddy Daisy, TN 37379

Datamatrix Technologies Inc.
333 Westchester Avenue
Suite S207
West Harrison, NY 10604

DayMark Safety Systems
12830 S. Dixie Highway
Bowling Green, OH 43402

Debra Brown
c/o Murad and Murad, P.C.
291 Genesee Street, 2nd Floor
Utica, NY 13501

Decor Planting by Bogner
45 Tamarack Drive
New Hartford, NY 13413

Deepak Buch, MD, EMP
104 Stonebridge Court
New Hartford, NY 13413

Dennis Chronkhite
610 Fordsbush Road
Fort Plain, NY 13339-3605

Dentcare Dental Services, P.C.
11 Arcadian Drive
Spring Valley, NY 10977

Dente Engineering P.C.
594 Broadway
Watervliet, NY 12189

Digital Office Solutions
104 Saluda Ridge Court
West Columbia, SC 29169

Direct Supply, Inc.
6767 N. Industrial Road
Milwaukee, WI 53223-5815

Direct Supply, Inc.
L.T. Care Suppliers
Bin 201
Milwaukee, WI 53288

Dr. Atul Butala
Atul Butala Physicians, P.C.
807 Newell Street
Utica, NY 13502

Dr. Charles Q. Bui
25825 S. Vermont Avenue
Harbor City, CA 90710

Dr. Gregory Rorick DPM
587 Main Street
Suite 102B
New York Mills, NY 13417

Dr. Om Wadhwa
415 N. Prospect Street
Herkimer, NY 13350

Dynatronics Co.
7030 Park Centre Drive
Salt Lake City, UT 84121

Ecolab
12640 Bannock Drive
Charlotte, NC 28290-5327

Ecolab, Inc.
370 N. Wabasha Street
Saint Paul, MN 55102

Elder Alarms, LLC
1224 Mill Street
Building B
East Berlin, CT 06023

ElderCare Communications
5878 Cook Road
Suite F
Milford, OH 45150

Ellis Medicine
1101 Nott Street
Schenectady, NY 12308

Ellis Medicine
P.O. Box 29930
New York, NY 10087-9930

Emergency Physician Services of NY, PC
241 North Road
Poughkeepsie, NY 12601-1154

Emergency Physician Services of NY, PC
P.O. Box 636008
Cincinnati, OH 45263-6008

Empire Recycling Corp.
P.O. Box 353
Utica, NY 13503-0353

Empire Wound Physician Services, PLLC
Attn: Mr. Milton Schachter
5800 Landerbrook Drive, #100
Cleveland, OH 44124

Excellus Health Plan
12 Rhoads Drive
Utica, NY 13502

Excellus Health Plan Group
Utica Business Park
12 Rhoads Drive
Utica, NY 13502

Excellus Health Plan Group
333 Butternut Drive
Syracuse, NY 13214-1803

F. Evans Schmidt, Esq.
Koch & Schmidt, LLC
650 Poydras Street, Suite 2415
New Orleans, LA 70130

Farmer Brothers Coffee
6838 Ellicott Drive, Suite 4
East Syracuse, NY 13057

Faxton St. Lukes Healthcare
1676 Sunset Avenue
Utica, NY 13502-5416

Faxton St. Lukes Healthcare
P.O. Box 4849
Utica, NY 13504-4849

Faxton St. Lukes Healthcare
P.O. Box 479
Utica, NY 13503

Federal Express Corp.
Attn: Bankruptcy Department
3965 Airways Boulevard, Module G, 3rd Fl
Memphis, TN 38116-5017

Fidelis Care
31 British American Boulevard
Latham, NY 12110

First United Methodist Church
P.O. Box 88
Herkimer, NY 13350

Fiscal Care Services
1200 River Avenue
Unit C-D
Lakewood, NJ 08701

Folts Adult Home, Inc.
104 N. Washington Street
Herkimer, NY 13350

Folts Apartments, Inc.
104 N. Washington Street
Herkimer, NY 13350

Folts Foundation, Inc.
104 N. Washington Street
Herkimer, NY 13350

Folts, Inc.
104 N. Washington Street
Herkimer, NY 13350

Forefront Telecare, Inc.
1900 Powell Street, #820
Emeryville, CA 94608

FP Mailing Solutions
140 N. Mitchell Court
Suite 200
Addison, IL 60101-5629

Gary J. Valerino, Esq.
Meggesto, Crossett & Valerino, LLP
313 East Willow St., Suite 201
Syracuse, NY 13203

Genesee Orthopedic & Hand Surgery
1903 Sunset Avenue
Utica, NY 13502-5617

GHI
5015 Campuswood Drive
East Syracuse, NY 13057

Great America Financial Services
P.O. Box 609
Cedar Rapids, IA 52406-0609

Great America Financial Services Corp.
625 First Street, SE
Cedar Rapids, IA 52401

Guardian Insurance Co.
P.O. Box 2459
Spokane, WA 99210

Guardian Life Insur. Company of America
7 Hanover Square
Customer Service, H-6-D
New York, NY 10004

Guardian Life Insurance Co.
P.O. Box 26100
Lehigh Valley, PA 18002-6100

Harbor Linen, LLC
2 Foster Avenue
Gibbsboro, NJ 08026

Hartford Steam Boiler
1 State Street
Hartford, CT 06103

Harvey D. Mervis, Esq.
Hinman, Howard & Kattell, LLP
700 Security Mutual Bldg, 80 Exchange St
Binghamton, NY 13901

Health Facility Assessment Fund
P.O. Box 4757
Syracuse, NY 13221-4757

Health System Services Co.
699 S. Main Street
Canandaigua, NY 14424

Health System Services Co.
6867 Williams Road
Niagara Falls, NY 14304

Heart of New York Chapter 118
Attn: Heather Bernard, DNP, RN, CIC
1656 Champlin Avenue
Utica, NY 13502

Heidelberg Baking Company
3056 State Route 28
Herkimer, NY 13350

Herkimer County
Attn: Pamela J. Putch, Property Agent
108 Court Street, Suite 3100
Herkimer, NY 13350

Herkimer County HealthNet
320 N. Main Street, Suite 3300
Herkimer, NY 13350

Herkimer County Office for the Aging
109 Mary Street
Suite 1101
Herkimer, NY 13350

Herkimer County Sewer District
106 W. Main Street
Mohawk, NY 13407-1096

Herkimer Eye Care Center
394 E. State Street
Herkimer, NY 13350

Herkimer Janitorial Supply, Inc.
251 Osborne Hill Road
Herkimer, NY 13350

Herkimer Town Assessor
114 North Prospect Street
Herkimer, NY 13350

Herkimer Town Clerk
Herkimer Town Offices
114 North Prospect Street
Herkimer, NY 13350

Hess Corporation
1185 Avenue of the Americas, 40th Floor
New York, NY 10036

Hewlett-Packard Co.
1501 Page Mill Road
Palo Alto, CA 94304

Hill & Markes Co.
P.O. Box 7
1997 State Highway 5S
Amsterdam, NY 12010

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13 East Winter Street
Delaware, OH 43015

HomeLife at Folts-Claxton, LLC
104 North Washington Street
Herkimer, NY 13350

HomeLife Companies, Inc.
13 East Winter Street
Delaware, OH 43015

Hospice & Palliative Care
4277 Middle Settlement Road
New Hartford, NY 13413

Hummel's Office Equipment
114 W. Albany Street
Herkimer, NY 13350-1989

InstantWhip - Eastern New York, Inc.
3106 Wayne Street
Endicott, NY 13760

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

IPC Hospitalist Services of NY, PC
4605 Lankershim Boulevard
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North Hollywood, CA 91602

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East Syracuse, NY 13057-1032

K&A Radiologic Technologi Services, Inc
6400 NY-298
East Syracuse, NY 13057

Kinsley Power Systems
6200 E. Molloy Road
East Syracuse, NY 13057

Kinsley Power Systems
14 Connecticut South Drive
East Granby, CT 06026

Kunkel Ambulance Service
410 Catherine Street
Utica, NY 13501

Lawrence Kozak
220 Butternut Road
Richfield Springs, NY 13439

Leading Age New York
13 British American Boulevard, Suite 2
Latham, NY 12110-1431

Lifetime Benefit Solutions, Inc.
115 Continuum Drive
Liverpool, NY 13088

Little Falls Ambulance
659 E. Main Street
Little Falls, NY 13365

Little Falls Hospital
140 Burwell Street
Little Falls, NY 13365

Mailfinance Services
478 Wheelers Farms Road
Milford, CT 06461

Mary Imogene Bassett Hospital
1 Atwell Road
Cooperstown, NY 13326

Mass Mutual
1295 State Street
Springfield, MA 01111

Max and Blom, M.D., P.C.'s
Faxton, 4th Floor
1676 Sunset Avenue
Utica, NY 13502

Med-Rev Recoveries, Inc.
100 Metropolitan Park Drive, #100
Liverpool, NY 13088

Med-Rev Recoveries, Inc.
c/o John Saint Dennis
1217 Milton Avenue
Syracuse, NY 13209-0280

Medco Equipment Inc.
30 Hilltop Road
Houlton, WI 54082

Medical Staffing Network Inc.
6551 Park of Commerce Boulevard
Boca Raton, FL 33487

Medspar
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Suite C
Vestal, NY 13850

Medspar
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Binghamton, NY 13902-0830

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Utica, NY 13502-4270

Mohawk Valley Ambulance Corps., Inc.
15 State Route 5S
Mohawk, NY 13407

Mohawk Valley Imaging, P.C.
103 Twin Oaks Drive
Syracuse, NY 13206-1205

Mohawk Valley Landscaping
422 Henry Street
Herkimer, NY 13350

Mohawk Valley Retina PLLC
120 Memorial Parkway
Utica, NY 13501

Mohawk Valley Retina PLLC
83 Genesee Street
New Hartford, NY 13413

Morphotrust USA, Inc.
296 Concord Road, Suite 300
Billerica, MA 01821

Mountainside Medical
9262 Old River Road
P.O. Box 247
Marcy, NY 13403-3042

Mountainside Medical Equipment, Inc.
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1 North Park Row
Clinton, NY 13323

New York State Insurance Fund
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Liverpool, NY 13088

Northeast Medical Repairs, Inc.
6143 Van Alstine Road
Camillus, NY 13031

Northeast Medical, Inc.
6208 Breed Road
Camillus, NY 13031-9634

Northern Safety Co., Inc.
P.O. Box 4250
Utica, NY 13504-4250

Northern Safety Co., Inc.
126 Industrial Park Drive
Frankfort, NY 13340

Northland Communications
1 Dupli Park Drive
Syracuse, NY 13218

Nunn's Home Medical Equipment
1340 Floyd Avenue
Rome, NY 13440

Nunn's Home Medical Equipment
817 East Genesee Street
Syracuse, NY 13210

NYAHSA
150 State Street
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Albany, NY 12207-1655

NYS Department of Health
NYS Office of the Attorney General
The Capitol
Albany, NY 12224

NYS Department of Health
Erastus Corning Tower
24th Floor, Room 2482
Albany, NY 12237

NYS Department of Taxation & Finance
Attn: Bankruptcy Section
P.O. Box 5300
Albany, NY 12205-0300

NYS Dept. of Labor-Unemployment Ins. Div
Gov. W. A. Harriman State Office Bldg
Building 12, Room 256
Albany, NY 12240

NYS Worker's Compensation Board
Judgment Unit
328 State Street
Schenectady, NY 12305-2318

Observer-Dispatch
221 Oriskany Plaza
Utica, NY 13501

Omnicare of New York
1600 River Center II
100 E. River Center Boulevard
Covington, KY 41011-1555

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13625 Technology Drive
Eden Prairie, MN 55344

Otis Elevator Company
5 Technology Place
East Syracuse, NY 13057-9490

P.J. Green, Inc.
24 Corporate Circle, #2
East Syracuse, NY 13057

P.J. Green, Inc.
100 Whitesboro Street
P.O. Box 4026
Utica, NY 13504

Pearson Education Co.
1 Lake Street
Upper Saddle River, NJ 07458

Phoenix Textile Corp.
21 Commerce Drive
O Fallon, MO 63366

Phoenix Textile Corporation
P.O. Box 1328
Saint Peters, MO 63376-0023

ProNexus
171 Sully's Trail
Pittsford, NY 14534

ProNexus Co.
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Pittsford, NY 14534

Pugliese Pest Solutions
909 Oswego Street
Utica, NY 13502

Pugliese Pest Solutions, Inc.
1001 Noyes Street
Utica, NY 13502

Quandts Food Service, Inc.
105 Quist Road
P.O. Box 700
Amsterdam, NY 12010-0700

Radiology Associates
185 Genesee Street
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Receivables Control Corporation
7373 Kirkwood Court, Suite 200
Maple Grove, MN 55369

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Brooklyn, NY 11210

Resident Shoppers Service, Inc.
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Rural Metro Medical Services
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Syracuse, NY 13202

Rural Metro Medical Services
P.O. Box 671
Syracuse, NY 13201

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SBV Workforce Management, Inc.
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Airmont, NY 10952

Secretary of Housing & Urban Development
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Washington, DC 20410

Select Rehabilitation
2600 Compass Road
Glenview, IL 60026

Senior Network Health, LLC
1650 Champlin Avenue
Utica, NY 13502

Servomation Refreshments Inc.
7098 Mount Pleasant Road
Canastota, NY 13032

Shamrock Sewer Services, LLC
41 2nd Avenue
Ilion, NY 13357

Simplex Time Recorder Co.
415 E. Main Street
Endicott, NY 13760

Slocum Dickson Medical
1729 Burrstone Road
New Hartford, NY 13413-1093

St. Elizabeth Medical Center
2209 Genesee Street
Utica, NY 13501

Staples Business Advantage
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Boston, MA 02241

Statewide Machinery, Inc.
60 Pixley Industrial Parkway
Rochester, NY 14624-2378

Stewarts Shop
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Herkimer, NY 13350

Superior Plus Energy Services
5868 Success Drive
Rome, NY 13440

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Swish Co.
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Marcy, NY 13403

Sysco Syracuse, LLC
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The Evening Telegram
111 Green Street
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The Evening Times
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The Evening Times
P.O. Box 459
West Memphis, AR 72303

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Syracuse, NY 13202

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East Syracuse, NY 13057

ThyssenKrupp Elevator Corporation
6067 Corporate Drive
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Time Warner Cable
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Buffalo, NY 14240-4222

Time Warner Cable Enterprises LLC
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Rochester, NY 14623

Tom Urdang
246 County Highway 151
Dolgeville, NY 13329

TotalKare of America, Inc.
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Syracuse, NY 13210-1922

Town of Herkimer
114 North Prospect Street
Herkimer, NY 13350

Town of Herkimer and Town Assessor
114 N. Prospect Street
Herkimer, NY 13350

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111 East Chestnut Street
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Henderson, NV 89052

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East Syracuse, NY 13057

U.S. Dept. of Housing & Urban Developmnt
Attn: Office of the Secretary
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Rosemont, IL 60018

United HealthCare of New York, Inc.
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Rochester, NY 14618

United Telemanagement Corp.
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Dayton, OH 45414

Upstate Service Group, LLC
Attn: Efraim Steif
One Hillcrest Center Drive, Suite 325
Spring Valley, NY 10977

Utica Valley Electric Supply
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P.O. Box 230
Yorkville, NY 13495

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Acworth, GA 30101

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Village of Herkimer Water & Sewer Dept.
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Village of Herkimer, Herkimer County
120 Green Street
Herkimer, NY 13350

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Waste Management of Utica
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Wyatt Funding Corp.
22 Wrights Mill Road
Armonk, NY 10504

**United States Bankruptcy Court
Northern District of New York**

In re Folts Home

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Folts Home in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Folts, Inc.
104 N. Washington Street
Herkimer, NY 13350

☐ None [*Check if applicable*]

February 16, 2017

Date

/s/ Stephen A. Donato

Stephen A. Donato 101522

Signature of Attorney or Litigant

Counsel for Folts Home

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